



COUNTY OF BUCKS

DEPARTMENT OF CONSUMER PROTECTION/WEIGHTS AND MEASURES

County Commissioners
Robert G. Loughery, *Chairman*
Charles H. Martin, *Vice Chairman*
Diane M. Ellis-Marseglia, *LCSW*

The Almshouse, 1260 Almshouse Rd. 4th floor, Doylestown PA 18901

215-348-6060 1-800-942-2669

Fax: 267-885-1420

Michael D. Bannon
Director/Chief Sealer

1. Has a lawsuit been filed in Small Claims Court; ___Yes ___No
2. Has an attorney been retained? ___Yes ___No

IF THE ANSWER TO QUESTION # 1 AND/OR 2 IS "YES", TO AVOID A CONFLICT OF ACTIONS, THIS OFFICE CANNOT INTERCEDE ON YOUR BEHALF.

CONSUMER COMPLAINT FORM

Name:

Date:

Address:

City/Town:

State:

Zip:

Telephone Numbers:

Home:

Cell:

Work:

Email Address:

Please check if age 60 or over (optional)

Company Complained About:

Address:

City/Town:

State:

Zip:

Telephone Number:

Email Address:

The following complaint is being submitted to Bucks County Consumer Protection for investigation and mediation. I/We give permission to Bucks County Consumer Protection Investigators to act on my/our behalf.

Signature

Signature

- Explain your complaint in the space below and on the reverse side.
- Include dates, prices, company contact person, and other details.
- Enclose copies of all relevant documents and correspondence regarding your complaint.
- Include what you think is a fair solution to this problem.
- Include any other agencies where you have also sent this complaint to coordinate our efforts on your problem.

My complaint is as follows: (Attach additional sheets if necessary)

SEE ATTACHED

